

**CLAIMS ONLY**

Application Number

**101789673**

Filing Date

Applicant(s)

**01-17-06**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1			/				51			
2			/				52			
3			/				53			
4			/				54			
5			/				55			
6			/				56			
7			/				57			
8			/				58			
9			/				59			
10			/				60			
11			/				61			
12			/				62			
13			/				63			
14			/				64			
15			/				65			
16			/				66			
17			/				67			
18			/				68			
19			/				69			
20			/				70			
21			/				71			
22			/				72			
23			/				73			
24			/				74			
25			/				75			
26			/				76			
27			/				77			
28			/				78			
29			/				79			
30			/				80			
31			X				81			
32			X				82			
33			X				83			
34			X				84			
35			X				85			
36			X				86			
37			X				87			
38			X				88			
39			X				89			
40			X				90			
41			X				91			
42			X				92			
43			X				93			
44			X				94			
45			X				95			
46			X				96			
47			X				97			
48			X				98			
49			X				99			
50			X				100			
Total Indep			3				Total Indep			
Total Depend			27				Total Depend			
Total Claims			30				Total Claims			